



AFFIDAVIT REGARDING NON-RENTAL STATUS

I _____, owner of the non-homestead property located at _____ Wellington, FL confirm the property in question is not rented or leased. I understand that if the property is rented or leased at any time in the future, I must register the property as a Rental Dwelling Unit with the Village of Wellington.

Date

Print Full Name

Signature

Mailing Address

E-mail Address

Telephone Number

***Please mail this statement or Fax to: Village of Wellington Attn: Rental Licensing
12300 Forest Hill Boulevard, Wellington, FL 33414
Phone: 561-753-2587 Fax: 561-904-5920 Email: wellingtonrental@wellingtonfl.gov***